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Grade- III Adenoid Hypertrophy treated with Individualized Homoeopathy- A Case Report

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Abstract:

Adenoid is lymphoid tissue located at the portal of the upper respiratory tract. Snoring, mouth breathing, and recurrent upper respiratory tract infections, are the common presentations of Adenoid hypertrophy in children. Adenoids regress after 15 years of age. A case of Adenoid hypertrophy [AH], in a 3-year-old male child treated in the outpatient department of the National Homoeopathy Research Institute in Mental Health, is presented here, with an interim review at 11 months. Before and after values for the Clinical rating score, Mallampati score, Tonsillar score, and Adenotonsillar ratio [A/N] were calculated. The case reporting was done according to HOM-CASE guidelines. Homoeopathic medicines Tuberculinum Bovinum Kent (Tub-b)200c for the first five months, followed by Calcarea Carbonica (Calc-c)200c for the next three months and Mercurius Solubilis (Merc-sol) 200c for the last three months reduced the clinical rating score from 9 to 6, Tonsillar score from 3 to 2, and A/N ratio from 0.82 to 0.66. MONARCH scores for Tub-b, Calc-c, and Merc-sol were +6/13, +2/13, and +9/13, respectively. There was a clinically relevant improvement for the obstructive symptoms and the radiological findings before and after individualized homoeopathy.

Keywords: Adenoid hypertrophy; A/N ratio; individualized homoeopathy

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Introduction:

Adenoid is lymphoid tissue located at the portal of the upper respiratory tract. It plays a major role in naturally acquired immunity in children. Adenoids regress after 15 years of age.[1] The symptoms produced due to adenoid hypertrophy [AH] depend upon the degree of choanal obstruction. Snoring, mouth breathing and recurrent upper respiratory tract infections are the main presenting complaints. In long-standing cases, the children present with otitis media, secretory otitis media, sinusitis, and orthodontic disturbances. The typical appearance of the child's face is called "adenoid facies". [2]

Conventionally hypertrophied adenoid is managed conservatively or with surgery as per the case. AH with mild symptoms of obstruction is a self-limiting condition and not an indication for surgery. But significant hypertrophy, causing sleep-disordered breathing and obstructive sleep apnea need surgery. [1]

The scope of homoeopathy in the management of adenoid hypertrophy remains unexplored. On a literature search, two RCTs studied the efficacy of pre-determined homoeopathic medicines in adenoid hypertrophy but couldn't yield statistically significant results. Here we, present a case report of grade III adenoid hypertrophy treated with individualized homoeopathy and its interim analysis during the eleventh month of treatment.

Case Profile:

A 3-year-oldmale child presented to the outpatient department of the National Homoeopathy Research Institute in Mental Health Kottayam on the 19th of March 2020 with complaints of recurrent upper respiratory tract infection and fever. He had a thick white discharge from the nose, cough during morning hours, snoring, and mouth breathing. All his complaints were worse for 2 months.

He was prematurely born at seven and a half months with a birth weight of 1.5 kg. The complaints started when the child was one year old as recurrent coryza. Gradually he developed snoring and mouth breathing. The fever recurred every mouth, with cough and coryza. They were on conventional medicines during these times with timely relief. He was on regular antihistamines and nasal sprays. Since the child started having recurrent respiratory infections almost every month, they were advised for adenoidectomy by the attending physician. Since the parents were not willing for the surgery, they switched over to homoeopathy.

The child presented with recurrent fever, cough, coryza, snoring and mouth breathing with the typical adenoid facies. The child appeared unhealthy and ill-built. On systemic examination, there was no pallor, clubbing, cyanosis, or icterus except for an enlarged palpable lymph node in the posterior triangle of the neck. His milestones were proper. His immunization status was as per schedule.

On examination of the throat, the tonsils were enlarged, extending beyond the pillars, indicating grade three enlargement as per the Brodsky Tonsil scale [Figure 1].[3]Modified Mallampati classification score of two indicated that the soft palate, fauces, and uvula were visible, but the pillars were not visible [Figure 2].[4]Mallampati score and Tonsillar score are predictors of sleep apnea.[5,6]The total symptom score of snoring, mouth breathing, and obstructive breathing during sleep was nine.

There was no abnormality on the otoscopic examination of the external auditory canal. Direct light examination of the nose revealed enlarged nasal turbinate. There were no features of cognitive impairment. Soft tissue lateral radiograph of the nasopharynx revealed enlarged adenoids. Fujioka's method was adopted to calculate the adenoid nasopharyngeal [A/N] ratio. [7] The X-ray technician landmarked the X-ray digitally using the Carestream image suite. The consultant radiologist reviewed the radiograph. He reported the A/N ratio as 0.82 and other significant findings likes swollen epiglottis and

prevertebral soft tissue swelling [Figure 3]. The degree of choanal obstruction was calculated as grade III [gross enlargement] in X-ray based on the A/N ratio. MONARCH score assessed the causal relationship between the medicine and treatment outcome as per HOM-CASE guidelines. [8, 9]

Homoeopathic Treatment, Follow-Up and Outcome

Case taking:

After detailed case taking, the following general symptoms apart from the common symptoms of AH constituted the totality of symptoms of the patient, thus helping in the medicine selection.

- Obstinate
- Hurting tendency
- Reduced appetite
- Increased thirst.
- Desires sweets, fish
- Aversion to milk, vegetables, and fruits.
- Irregular bowels – once in 2-3 days. Occasional hard stool with bleeding.
- Profuse sweat of the head and neck.
- Worm troubles with itching sensation of anus especially during night hours.

Prescription:

Tuberculinum Bovinum Kent (Tub-b) was prescribed in 200 centesimal potency and repeated at fixed intervals for the first five months, based on the Tubercular miasm of the child. But there was only partial relief and so the medicine was changed to Calcarea Carbonica (Calc-c) 200c depending upon the acute totality and continued for the next three months. But Calc-c also could afford only partial relief for his complaints. Then anti-miasmatic remedy Mercurius Solubilis (Merc-sol) 200c was prescribed for the following two months due to the recurrence of respiratory tract infection and based on the keynote symptom 'cough in two paroxysms'. The case was reviewed at an interval of one month or earlier as per the need. The medicines were procured from The Kerala State Homoeopathic Co-operative Pharmacy Ltd (Sponsored by Govt. Of Kerala), GMP certified, and dispensed from the pharmacy of NHRIMH Kottayam. Thus, the case was followed up for 11 months. The details are depicted in the following table-1:

Table 1: Follow-up and outcome

Date of visit	Observation	Medicine prescribed with potency and doses
19/03/2020	Snoring Mouth breathing Recurrent coryza with thick white discharge from nose Cough during morning hours Reduced appetite	Tub-b 200c weekly two doses for five months
25/09/2020	Thick nasal discharge for 3-4 days with nasal obstruction. Snoring and mouth breathing reappearing after an initial relief. Reduced appetite. Stool passed on alternate days.	Calc-c 200c weekly once for three months
23/12/2020	No clinically relevant improvement. Hacking cough with yellowish mucoid nasal discharge. Cough in 2 paroxysms Snoring and mouth breathing.	Merc-sol 30c 2 doses to be taken on two consecutive days Belladonna 30c [sos for fever]

	Patient febrile 39^0C. Increased sweating. Reduced appetite. Irregular bowel movement, only once in 2 days. Increased frequency of urination	
01/02/2021	No fever after the previous visit. Cough and coryza relieved. Snoring and mouth breathing reduced. Bowel movements only on alternate days. The appetite improved.	Merc-sol 30c weekly once for one month.

Table 2: Radiology report before and after treatment:

Dates	**19/03/2020**	**01/02/2021**
Adenoid size	20.10mm	16.25
Nasopharyngeal size	24.40 mm	24.48
A/N ratio	0.82	0.66
Other significant findings	Swollen epiglottis Prevertebral soft tissue swelling	Nil

Table 3: MONARCH Inventory (Maximum possible score per case is 13): [8]

Sl. No	**Domain**	**Score**		
		Tub	Calc-c	Merc-sol
1	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	+2	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	0	+1
3	Was there a homeopathic aggravation of symptoms?	0	0	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	+1	0	+1
6a	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0
6b	Direction of cure: did at least one of the following aspects apply to the order of improvement in symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	0	0	0
7	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0

8	Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	+1	0	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	0		+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	0	0	+1
	Total Score	+6	+2	+9

Clinical Images:

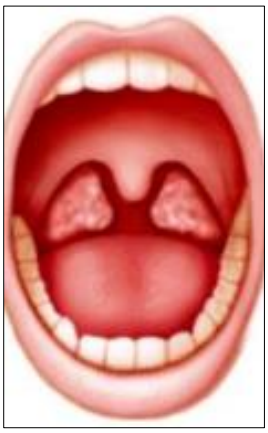

Fig-1: Tonsillar Grading 3

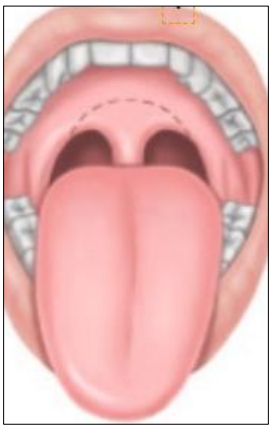

Fig -2: Mallampati score 2

Fig- 3: Baseline X-ray 19/03/2020

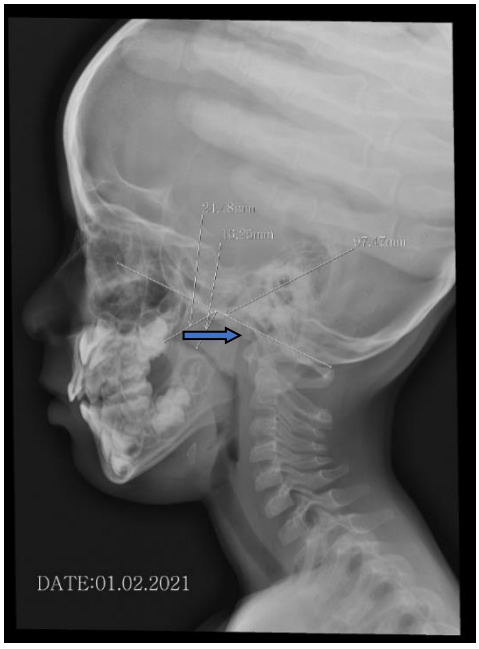

Fig- 4: Follow up X-ray 1/02/2021

Results:

Tub-b, Calc-c, and Merc-sol were prescribed one at a time and repeated at regular intervals as per the basic principles of Homoeopathy. There was a Minimal Clinically Important Difference [MCID] during the initial eight months of treatment with Tub-b and Calc-c, and clinically relevant improvement after Merc-sol during the last three months of reporting. The clinical rating improved to 3; the tonsillar grade to 2; and the A/N ratio to 0.66 [Figure 4], after 11 months of treatment [Table 2]. The epiglottis appeared normal, and there was no prevertebral soft tissue swelling on the review X-ray. Mallampati's score remains unchanged. The MONARCH score was highest for Merc-sol, which indicates the positive causal relationship between the medicine and the treatment outcome [Table 3].

Discussion:

AH is a common condition in the pediatric population with 34% prevalence. Many studies support the positive relationship between AH and chronic rhinosinusitis in children [CRS]. [10]

In an RCT on the homoeopathic treatment of adenoid vegetations by Karl Heinz Friese et al., there was no indication for adenoidectomy after three months of treatment in the homoeopathy and placebo groups. The medicines were prefixed, unlike individualized homoeopathy. [11] The results of this RCT agree with the Cochrane database systematic review viz. AH is a self-limiting condition, and a watchful waiting approach should be considered by the parents and physicians after carefully weighing the risk and benefits of the surgery.[12]

Another RCT by Sergio. E. Furuta et al., on the efficacy of homoeopathic treatment in the management of obstructive symptoms of AH, revealed no statistically significant difference between the treatment and placebo groups. Like the previous study principle of individualization was not followed. [13]

In the present case, the child was on individualized homoeopathic medicines. The literature search could not yield any studies on the scope of individualized homoeopathic medicine in the management of obstructive symptoms of AH.

The scope of individualized homoeopathy based on the totality of symptoms, constitution, and temperament in the management of AH needs analysis through prospective clinical trials.

Conclusion:

There was a clinically relevant improvement for the obstructive symptoms and the radiological findings before and after individualized homoeopathy.

Limitation of study:

In this case report an interim analysis is done at the eleventh month of treatment. The nasal airway has opened giving symptomatic relief for the obstructive symptoms. Although the A/N ratio has reduced to 0.66, further regular follow-up is required to reach the normal value.

Patient consent:

Informed consent was obtained from the parents of the child to publish the results of treatment in a scientific journal.

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